

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000026734

**Entity Name:** UNO HEALTHCARE, INC.

**Current Principal Place of Business:**

7795 NW 54TH ST  
SUITE 3  
DORAL, FL 33166

**Current Mailing Address:**

7795 NW 54TH ST  
SUITE 3  
DORAL, FL 33166 US

**FEI Number:** 65-0653802

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LISBOA, FABIO  
7795 NW 54 ST  
DORAL, FL 33166 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** FABIO LISBOA

04/07/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DO  
Name LISBOA, FABIO  
Address 11338 NW 70 ST  
City-State-Zip: MIAMI FL 33178

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FABIO LISBOA

**PRESIDENT**

04/07/2015

Electronic Signature of Signing Officer/Director Detail

Date